

LUNDGREN

FIRE RESCUE EQUIPMENT, INC.

INVOICE

Date	Invoice #
09/26/09	306-2009

Bill To

PETERSBURG MEDICAL CENTER
193 FRAM STREET
PETERSBURG, AK 99833

Ship To

PETERSBURG MEDICAL CENTER
193 FRAM STREET
PETERSBURG, AK 99833

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
P.O. 27619	NET 30	BL	BEST WAY		DEST.	

Quantity	Item Code	Description	Price Each	Amount
1 EA		Model O.G.S.I. MOGS-100 Oxygen Generating System		
20 EA		H/K 244 C.F. Oxygen Cylinders		
1 EA		High Pressure Steel Braided Transfill Hose-25 Ft		
1 EA		Surge Protector For System		
20 EA		93% Oxygen Cylinder Labels		
1		Onsite Startup and Training Including Travel Expenses		
1		Freight Charges - Delivery to Petersburg, AK		
		Final 50% Payment per Proposal # 09CWR119 - Rev 1		
		TAX ID 601-627-142		
		O ₂ generator		
		generator - DC		
Total				\$ 46,809.05

23113 23RD DR. N.E. • ARLINGTON, WA 98223
FAX: (360) 403-0584 • OFFICE: (206) 399-7635

TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
09/28/09	15809	1,027.00	.00	1,027.00
CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
10/09/09	000036809	1,027.00	.00	1,027.00

On Register #: 1087

		15809	Due on receipt	
Quantity	Description	Rate	Amount	
4.5	Hospital Oxygen Machine	95.00	427.50T	
2	Hours on job	47.50	95.00T	
	Apprentice Labor	504.50	504.50T	
	Job Materials	0.00%	0.00	
	Tax Exempt Government			
<p style="text-align: center;">W</p> <p style="text-align: center;">126001</p> <p style="text-align: center;">Grant related</p>				
<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">OCT 2 2009</p> <p style="text-align: center;">By _____</p>				
Thank You for Your Payment			Total	\$1,027.00

CC: Leon
Carol



100873
Invoice

Date	Invoice #
9/28/2009	15809

Bear Electric PO BOX 1930 Petersburg, Alaska 99833 (907)772-4777 Fax (907)772-4776

Bill To

Petersburg Medical Center
PO Box 589
Petersburg, AK
99833

P.O. No.	Terms	Project
15809	Due on receipt	

Quantity	Description	Rate	Amount
	Hospital		
	Oxygen Machine		
4.5	Hours on job	95.00	427.50T
2	Apprentice Labor	47.50	95.00T
	Job Materials	504.50	504.50T
	Tax Exempt Government	0.00%	0.00
<p style="text-align: center;">126001</p> <p style="text-align: center;">Grant related</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 20px auto;"> <p>RECEIVED</p> <p>OCT 2 2009</p> <p>By _____</p> </div>			

Thank You for Your Payment

Total \$1,027.00

CC: Leon
Carol

VENDOR NO.: 101751

VENDOR NAME: LUNDGREN FIRE RESCUE EQUI

036823

TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
09/29/09	317-2009	350.00	.00	350.00
CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
10/09/09	000036823	350.00	.00	350.00

On Register #: 1087

Quantity	Item Code	Description	Price Each	Amount
		12' High Pressure Transfill Hose		N/C
		60' High Pressure Transfill Hose		N/C
		Miscellaneous Stainless Adapters, Fittings, Bushings, Quick Connects		\$ 350.00
		TAX ID 601-627-142		
		Grant related		
CC: Leon Carol			Total	\$ 350.00

LUNDGREN

FIRE RESCUE EQUIPMENT, INC.

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09/26/09	317-2009

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PETERSBURG MEDICAL CENTER 193 FRAM STREET PETERSBURG, AK 99833

Ship To
PETERSBURG MEDICAL CENTER 193 FRAM STREET PETERSBURG, AK 99833

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	NET 30	BL	BEST WAY		DEST.	

Quantity	Item Code	Description	Price Each	Amount
		12' High Pressure Transfill Hose		N/C
		60' High Pressure Transfill Hose		N/C
		Miscellaneous Stainless Adapters, Fittings, Bushings, Quick Connects		\$ 350.00
		TAX ID 601-627-142		
		<i>Grant related</i>		
<i>cc: Loon</i> <i>Carol</i>			Total	\$ 350.00

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Form 641 – Parts A, B & C

**ASHNHA Quarterly Project Budget Summary
& Performance Analysis Reporting Form**

**For All 2009 Denali Commission Approved Projects –
Projects No. 01150 – A through G**

Project Name: Kodiak O2 Generating System

Name of Hospital / Grant Recipient: Providence Kodiak Island Medical System

Reporting Period: ***Jan 1 – March 31, 2010***

- Grant No.: Kodiak: 01150-A(3)

641-A. Project Budget Summary (provide the following information; use additional pages as necessary): System is physically installed on site but not inspected and hooked up to the hospital O2 handling system. Anticipate complete installation during the next quarter 2010.

1. Original Project Budget Information:

- a. The *original total* approved project budget:
 - i. Amount of Denali Commission Grant Award: \$173,086
 - ii. Amount of Facility Cost Share Match (CSM): \$173,087
 - iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: 347,173

2. Actual Project Costs Recorded During the Reporting Period:

- a. Amount of the Facility's own Project CSM Expended: \$173,087
- b. Amount of Commission Grant Funds Received during the reporting period (whether to reimburse or as an advance): \$103,852
- c. Amount of Facility funds expended during the reporting period for which Denali Commission grant funds are being requested on Form 641 to reimburse your hospital for its project expenditures during the reporting period: \$69,234
- d. Total amount of project costs recorded during the reporting period, whether expended, received, or reimbursement sought (add lines 1a, 1b, & 1c): \$346,173

3. Total Denali Commission Grant Funds Received to Date:

Please report the **total** amount of Denali Commission grant funds **received** (whether received as an advance or as reimbursement for expenses) as of the end of the current reporting period:

\$103,852

4. Total Facility Cost Share Match Funds Expended to Date:

Please report the **total** amount of hospital funds **expended** (i.e., the hospital's share of the cost of the project for which reimbursement was not and cannot be sought from the Denali Commission) as of the end of the current reporting period:

\$173,087 (our total cost share match)

5. Project Schedule:

Please state the anticipated start and end dates of this funded 2009 Denali Commission Primary Care in Hospitals project, and provide a list appropriate milestone dates for the major phases or activities of your project.

Start date: 1 December 2009

End date: 30 April 2010

Description of Milestone Or Activity	Anticipated Completion Date
1. Procurement processing complete at PHSA	1 Nov 09
2. Execute purchase contract	15 Dec 09
3. Begin Install	15 Jan 2010
4. Complete Install	30 April 2010

641-B. Project Performance Analysis (add line items to the chart as appropriate):

Project Budget Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
O2 Generating System	\$346,173	346,173	30 April 2010	System is installed but not yet inspected and certified.
Totals:	\$346,173	\$346,173		

641-C. Facility Certification:

The preparer of this report, by signing below, certifies on behalf of his or her employer that the information contained herein is accurate and complete to the best of his or her knowledge.

Signature

8 April 2010

Date

Jimmy Ng for Don Rush
Printed Name and Official Title

Form 642

**ASHNHA's Quarterly Reporting Form
Covering 2009 Denali Commission Projects
Numbered 01150 – A through G**

*Please Use this Form to File Your Facility's Quarterly Narrative Progress Report
And /Or Make a Fund Disbursement Request*

Project Name: Kodiak O2 Generating System

Hospital: Providence Kodiak Island Medical System

Reporting Period: **First Project Report – Jan 1 – March 31, 2009**

Denali Commission Grant No.: 01150 – A(3)_____

A. Project Narrative (use additional pages as necessary):

1. What is the status of your 2009 "Primary Care in Hospitals" project as of March 31, 2010?
(Please list all project phases completed or milestones achieved during the report period.)

System has been purchased and is be installed in the hospital.

2. Is your 2009 project on schedule? If not, what kind of problem(s) does the delay present?
How will this be dealt with? Will the delay potentially extend the project beyond 9/30/2011?
Project is on schedule.

3. Is the 2009 project on budget, or over or under budget? If over budget, how will this be
dealt with? What funds is your facility using to cover the additional project costs?
On budget.

4. Other comments, problems and solutions:

B. Project Fund Disbursement Request

We are requesting ASHNHA to release \$69,235_____ in Denali Commission Grant
Funds for our project at this time. *This funding request is either:*

1. ☐ a request for an Advance against Commission Project Grant Award Funds; **or**
2. ☒ a request for Reimbursement from Project Grant Award Funds in order to cover
project expenses incurred by our hospital during the reporting period.

(Copies of all invoices submitted and checks written in payment must accompany any request for reimbursement;
copies of purchase orders or other commitment documents must accompany any request for an advance).

Lisa Mattson

From: Jimmy Ng [alaskang@yahoo.de]
Sent: Thursday, April 08, 2010 4:17 PM
To: lisa@ashnha.com
Cc: Don Rush; Tim Hocum; Jimmy Ng; alaskang@yahoo.de; rodbetit@msn.com
Subject: 02 Generator Denali Commission quarterly report for Jan-March 2010 PKIMC

Lisa,

Attached is our PKIMC part of the ASHNHA quarterly report for the consolidated O2 generator system grant. Our system has been received and installed BUT is not yet operating. We are awaiting the company reps to arrive to complete hookups and certification.

Thanks, Jimmy Ng
907 486 9557

4/9/2010